

**Please Print Legibly**

Mr. Mrs. Ms. Dr. Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code +4 \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Data**

In case of emergency notify: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

**Work Experience**

List present or immediate past employer:

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code +4 \_\_\_\_\_ - \_\_\_\_\_ May we contact you at work? Yes No

**Licenses**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other (please include nurse's, EMT, and/or professional licenses)  
Type / # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Type / # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Education**

Name of School \_\_\_\_\_ Major \_\_\_\_\_ Last grade level / Degree received \_\_\_\_\_

High School

College

Bus. / Voc.

**Volunteer Experience**

List any current or past community service involvement

Organization \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Job Title \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Have you ever volunteered with Red Cross before? Yes No Where/When \_\_\_\_\_

Have you ever been an instructor in another Chapter? Yes No If yes, where? \_\_\_\_\_

Have you ever had your instructor authorization withdrawn? Yes No If yes, please explain: \_\_\_\_\_

**Personal References**

List two persons, other than family, who know your qualifications. These references may be checked.

Name  
Address

Phone (\_\_\_\_)

Name  
Address

Phone (\_\_\_\_)

## Background Information

Are you the subject of any investigation or disciplinary proceeding before any local, state or federal agency?  Yes  No

Have you been convicted of a misdemeanor within the last 24 months?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If you answered yes to any of the above questions, please explain

## Statistical Data

Volunteers are considered for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, medical condition or disabilities. The following information is used only to develop a complete record of our programs. Completion is optional, although it is very useful to the organization.

Sex:  Male  Female Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ethnicity:  African American  White  Hispanic  Native American  Asian/Pacific Isl.  Other

Do you require any accommodations due to a physical/mental condition that might affect your ability to perform volunteer work that interests you?  Yes  No

If yes, please explain

Must you limit your activity in any way?  Yes  No If yes, please explain

## Skills / Interests

Check any skills you have:

- |   |   |  |                                 |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Accounting       | <input type="checkbox"/> Computer             | <input type="checkbox"/> Mental Health             | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Casework         | <input type="checkbox"/> Word Processing      | <input type="checkbox"/> Nursing                   |                                 |
| <input type="checkbox"/> Clerical         | <input type="checkbox"/> Data Entry           | <input type="checkbox"/> Public Speaking           |                                 |
| <input type="checkbox"/> Answering phones | <input type="checkbox"/> Information Services | <input type="checkbox"/> Sewing/Knitting           |                                 |
| <input type="checkbox"/> Copying          | <input type="checkbox"/> Management           | <input type="checkbox"/> Special events planning   |                                 |
| <input type="checkbox"/> Filing           | <input type="checkbox"/> Fund Raising         | <input type="checkbox"/> Marketing/Public Relation |                                 |
| <input type="checkbox"/> Teaching         | <input type="checkbox"/> Grant Writing        | <input type="checkbox"/> Warehouse/Distribution    |                                 |

Do you know another language?

Chinese  Filipino  French  Sign  Spanish  Vietnamese  Other

Read, write & speak the language fluently  Read Only  Speak Only

As a volunteer, would you like to:

- |   |  |
|---|--|
| <input type="checkbox"/> Work with youth programs                   | <input type="checkbox"/> Provide First Aid at community events               |
| <input type="checkbox"/> Drive patients to medical appointments     | <input type="checkbox"/> Provide leadership on a committee                   |
| <input type="checkbox"/> Provide clerical support                   | <input type="checkbox"/> Assist with special projects                        |
| <input type="checkbox"/> Make presentations on behalf of Red Cross  | <input type="checkbox"/> Help military servicemen, veterans & their families |
| <input type="checkbox"/> Respond to local and/or national disasters | <input type="checkbox"/> Sew, knit or crochet baby items                     |
| <input type="checkbox"/> Teach Red Cross courses                    | <input type="checkbox"/> Other   |

## Availability

Please note when you are available to volunteer:

Day(s):  Sun  Mon  Tues  Wed  Thurs  Fri  Sat Time(s):  Morning  Afternoon  Evening

Duration:  Short Term  Long Term  On Going  Other: